

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA
TRANSCRIPT DESIGNATION AND ORDERING FORM

Please read instructions.

1. NAME Robert Erickson		2. PHONE NUMBER 406-721-9700	3. DATE June 29, 2020	
4. MAILING ADDRESS 430 Ryman Street		5. E-MAIL ADDRESS nancy@montanalawyer.com	6. CITY Missoula	7. STATE MT
8. ZIP CODE 59802	9. JUDGE Molloy	10. CASE NAME Nelson, Boehme, et al. v. Project Spokane, LLC, et al.		
11. U.S. DISTRICT COURT CASE NUMBER 9:20-cv-00082-DVM		12. COURT OF APPEALS CASE NUMBER		

13. ORDER FOR

<input type="checkbox"/> APPEAL	<input type="checkbox"/> CRIMINAL	<input type="checkbox"/> CRIMINAL JUSTICE ACT	<input type="checkbox"/> BANKRUPTCY
<input type="checkbox"/> NON-APPEAL	<input checked="" type="checkbox"/> CIVIL	<input type="checkbox"/> IN FORMA PAUPERIS	<input type="checkbox"/> OTHER - Specify

14. TRANSCRIPT REQUESTED - Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.

PORTIONS	DATE(S)	REPORTER	PORTIONS	DATE(S)	REPORTER
Change of Plea			Closing Argument - Plaintiff		
Pre-trial Proceeding	06/25/20	Julie Lake	Closing Argument - Defendant		
Voir Dire			Settlement Instructions		
Opening Statement - Plaintiff			Jury Instructions		
Opening Statement - Defendant			Sentencing		
Testimony - Specify Witness			Other - Specify		

15. ORDER

CATEGORY	ORIGINAL Includes certified copy to clerk for records of the Court	FIRST COPY to each party	ADDITIONAL COPIES to same party	FORMAT REQUESTED Each format is billed as a separate transcript copy.	
				Paper	Electronic Specify File Format
30-Day (Ordinary)	\$3.65/page <input type="checkbox"/>	\$90/page <input type="checkbox"/>	\$60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
14-Day	\$4.25/page <input type="checkbox"/>	\$90/page <input type="checkbox"/>	\$60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
7- Day	\$4.85/page <input checked="" type="checkbox"/>	\$90/page <input type="checkbox"/>	\$60/page <input type="checkbox"/>	<input checked="" type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input checked="" type="checkbox"/> <input type="checkbox"/> A-Z word index
3- Day	\$5.45/page <input type="checkbox"/>	\$1.05/page <input type="checkbox"/>	\$75/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
DAILY	\$6.05/page <input type="checkbox"/>	\$1.20/page <input type="checkbox"/>	\$90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
HOURLY	\$7.25/page <input type="checkbox"/>	\$1.20/page <input type="checkbox"/>	\$90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index

16. & 17. CERTIFICATE OF SERVICE, DISTRIBUTION and PAYMENT

E-file this form with the clerk's office, mail to opposing counsel if they are not electronic filers and serve the court reporter.

If payment is authorized under CJA, complete CJA 24 form through box 15 and attach to this order when e-filing.

Financial arrangements must be made with the court reporter before transcript is prepared.

I certify that this form has been served on the court reporter this date: **06/29/20**

Attorney signature: 